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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/884,851
Filing Date	June 18, 2001
First Named Inventor	David A. Coppeta
Art Unit	2800
Examiner Name	Unknown
Attorney Docket Number	62173-00039USPT

To: Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: NON-PAYMENT OF ATTORNEY FEES

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1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to: Paul Harris
Digital Lightwave
20 Research Place
North Chelmsford, MASSachusetts 01863-2312

Customer Number _____ Place Customer Number Bar
Code Label Here

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

☒ This request is made on behalf of myself and

☒ All the attorneys/agents of record.
☐ the attorneys/agent (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments)

Name	Steven R. Greenfield	
Signature	<i>Steven R. Greenfield</i> 38,166	
Date	Nov 6, 2003	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.